

**CORRECTION(S) TO WATER WELL RECORD (WWC-5)**  
(to rectify lacking or incorrect information)

County: Rawlins

**Location listed as:**

Section-Township-Range: 32-25S-35W

Fraction ( 1/4 1/4 1/4): NE NE SE

**Location changed to:**

32-25-35W

NE NE NE SE

**Other changes:** Initial statements: \_\_\_\_\_

Changed to: \_\_\_\_\_

Comments: \_\_\_\_\_

verification method: Latitude & longitude, KGS' "LEO" conversion tool, county map, and mapping tool on KGS website.

initials: DRJ date: 10/28/2009

submitted by: Kansas Geological Survey, Data Resources Library, 1930 Constant Ave., Lawrence, KS 66047-3726  
to: Kansas Dept of Health & Environment, Bureau of Water, 1000 SW Jackson, Suite 420, Topeka, KS 66612-1367.

**WATER WELL RECORD**

**Form WWC-5**

Division of Water Resources App. No.  

<b>1 LOCATION OF WATER WELL:</b>	Fraction County: <b>Rawlins</b> ¼ NE ¼ NE ¼ SE ¼	Section Number <b>32</b>	Township Number T <b>25</b> S	Range Number R <b>35</b> <input type="checkbox"/> E <input checked="" type="checkbox"/> W
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here <input type="checkbox"/> . <b>2 well - 1 north of Beardsley</b>		<b>Global Positioning System (GPS) information:</b> Latitude: <b>39.83516°</b> (in decimal degrees) Longitude: <b>101.26008°</b> (in decimal degrees) Elevation: _____ Datum: <input checked="" type="checkbox"/> WGS 84, <input type="checkbox"/> NAD 83, <input type="checkbox"/> NAD 27 Collection Method: <input checked="" type="checkbox"/> GPS unit (Make/Model: <b>GARMIN 60CSx</b> ) <input type="checkbox"/> Digital Map/Photo, <input type="checkbox"/> Topographic Map, <input type="checkbox"/> Land Survey Est. Accuracy: <input checked="" type="checkbox"/> <3 m, <input type="checkbox"/> 3-5 m, <input type="checkbox"/> 5-15 m, <input type="checkbox"/> >15 m		
<b>2 WATER WELL OWNER:</b> RR#, St. Address, Box # : <b>City of Ottwood</b> City, State, ZIP Code : <b>106 S 3rd St</b> <b>Ottwood KS 67730</b>				

<b>3 LOCATE WELL WITH AN "X" IN SECTION BOX:</b>	<b>4 DEPTH OF COMPLETED WELL</b> <b>248</b> ft.
	Depth(s) Groundwater Encountered (1) _____ ft. (2) _____ ft. (3) _____ ft.
	WELL'S STATIC WATER LEVEL <b>NA</b> ft. below land surface measured on mo/day/yr _____
	Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm
	EST. YIELD _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm
WELL WATER TO BE USED AS: <input type="checkbox"/> Public water supply <input type="checkbox"/> Geothermal <input type="checkbox"/> Injection well <input type="checkbox"/> Domestic <input type="checkbox"/> Feedlot <input type="checkbox"/> Oil field water supply <input type="checkbox"/> Dewatering <input checked="" type="checkbox"/> Other (Specify below) <input type="checkbox"/> Irrigation <input type="checkbox"/> Industrial <input type="checkbox"/> Domestic-lawn & garden <input type="checkbox"/> Monitoring well <b>Temporary Test Well</b>	
Was a chemical/bacteriological sample submitted to Department? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, mo/day/yr sample was submitted _____	
Water Well Disinfected? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**5 TYPE OF CASING USED:**  Steel     PVC     Other

CASING JOINTS:  Glued     Clamped     Welded     Threaded

Casing diameter **8** in. to **198** ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft., Diameter \_\_\_\_\_ in. to \_\_\_\_\_ ft.

Casing height above land surface **18** in., Weight **5.540** lbs./ft. Wall thickness or gauge No. **322**

TYPE OF SCREEN OR PERFORATION MATERIAL:  
 Steel     Stainless Steel     PVC     Other (Specify) \_\_\_\_\_  
 Brass     Galvanized Steel     None used (open hole)

SCREEN OR PERFORATION OPENINGS ARE:  
 Continuous Slot     Mill slot     Gauze wrapped     Torch cut     Drilled holes     None (open hole)  
 Louvered shutter     Key punched     Wire wrapped     Saw cut     Other (specify) \_\_\_\_\_

SCREEN-PERFORATED INTERVALS: From **198** ft. to **248** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

GRAVEL PACK INTERVALS: From **20** ft. to **248** ft., From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

**6 GROUT MATERIAL:**  Neat cement     Cement grout     Bentonite     Other

Grout Intervals From **0** ft. to **20** ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft. From \_\_\_\_\_ ft. to \_\_\_\_\_ ft.

What is the nearest source of possible contamination:  
 Septic tank     Lateral lines     Pit privy     Livestock pens     Insecticide storage     Other (specify below)  
 Sewer lines     Cesspool     Sewage lagoon     Fuel storage     Abandoned water well  
 Watertight sewer lines     Seepage pit     Feedyard     Fertilizer storage     Oil well/gas well    **None**

Direction from well \_\_\_\_\_ Distance from well \_\_\_\_\_

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	2	Surface	121	130	Caliche & clay w/fine sand lenses
2	23	Loess	130	145	Fine to some med sand w/caliche & clay
23	40	Clay w/caliche lenses	145	159	Fine sand w/sand & caliche lenses
40	51	Clay	159	164	Caliche & clay w/sand lenses
51	77	Clay w/caliche strks	164	180	Fine sand w/caliche & clay strks
77	80	Caliche w/clay strks	180	205	Sandstone & fine sand w/clay & caliche strks
80	93	Caliche w/traces of clay	205	225	Fine sand & sandstone w/clay & caliche strks
93	103	Caliche w/clay strks	225	230	Fine sand w/clay & caliche lenses
103	110	Caliche & clay w/fine sand strks	230	240	Fine to some med sand w/clay & caliche strks
110	121	Caliche w/clay strks	240	250	Fine & med sand 250---260 Yellow ochre/black shale

**7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:** This water well was  constructed,  reconstructed, or  plugged under my jurisdiction and was completed on (mo/day/year) **9/29/09** and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. **554 of 783**. This Water Well Record was completed on (mo/day/year) **10-1-09** under the business name of **Woofter Pump & Well Inc.** by (signature) *[Signature]*

**INSTRUCTIONS:** Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.